



Participant Materials



*The Community
Infant and Young Child Feeding
Counselling Package
2012*

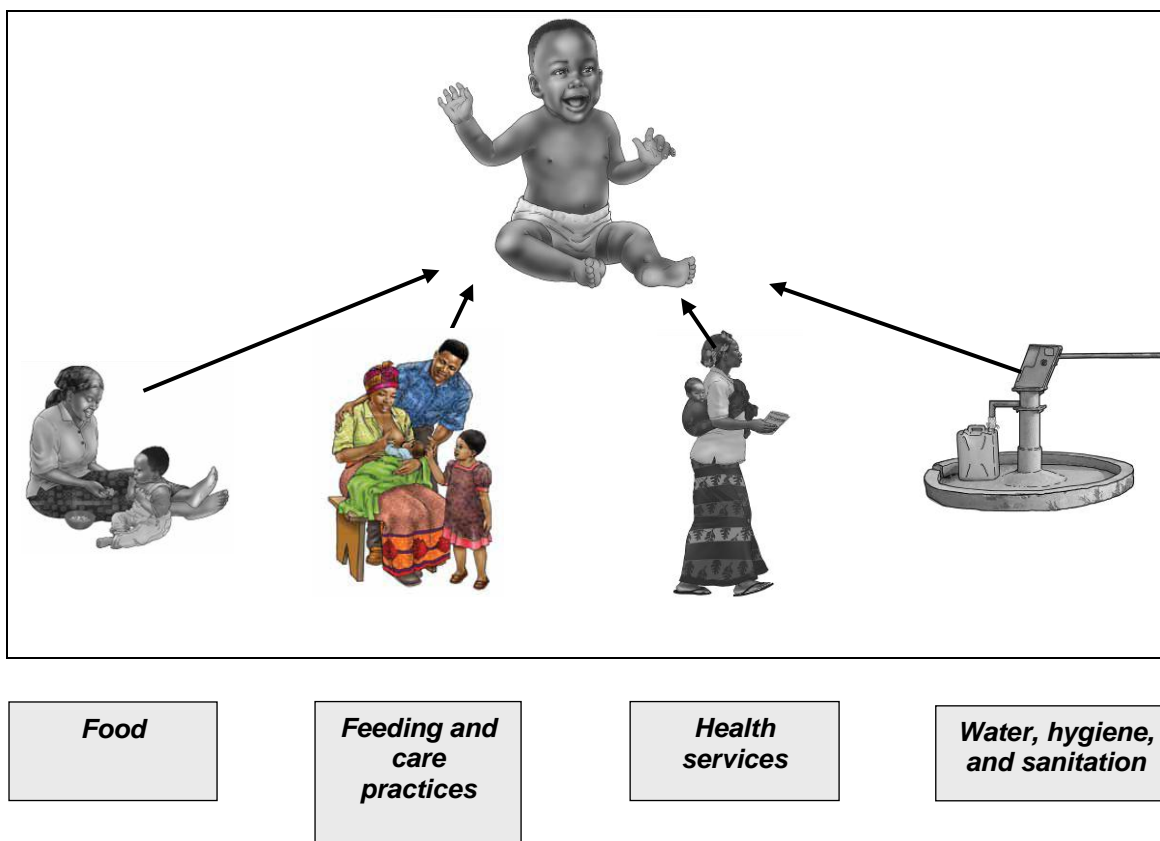
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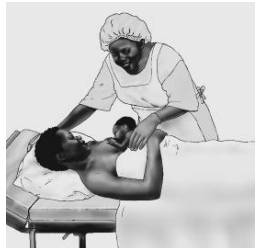

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Participant Materials 2.1: Why Infant and Young Child Feeding Matters



Key information








Participant Materials 3.1: Common Situations that can Affect Infant and Young Child Feeding




Common situation	What to do
<p>Giving colostrum</p> 	<p>Local belief: Colostrum should be discarded; it is ‘expired milk,’ not good, etc.</p> <p>What we know:</p> <ul style="list-style-type: none"> • Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in vitamin A. • The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum.
<p>Low-birthweight or premature baby</p> 	<p>Local belief: The low-birthweight baby or premature baby is too small and weak to be able to suckle/breastfeed.</p> <p>What we know:</p> <ul style="list-style-type: none"> • A premature baby should be kept in belly-to-belly contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast. • A full-term, low-birthweight infant may suckle more slowly; allow him/her the time. • The breastmilk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops (i.e., the breastmilk for a 7-month-old newborn is perfectly suited for an infant of that gestational age, with more protein and fat than the milk for a full-term newborn). • See Positioning Card #5, upper-right picture. • Mother needs support for good attachment, and help with supportive holds. • Feeding pattern: long, slow feeds are OK—keep baby at the breast. • Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breastmilk and feed the breastmilk to the infant using a cup. • If the baby sleeps for long periods of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him for the feed. • Crying is the last sign of hunger. Earlier signs of hunger include a combination of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger, so explain that she should respond by feeding baby when s/he shows these signs.

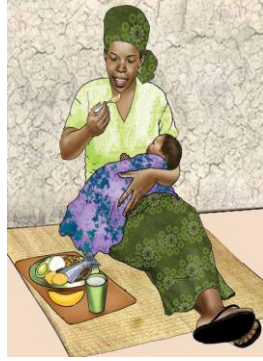
Common situation	What to do
<p>Kangaroo mother care</p> 	<p>Position (baby is naked apart from nappy and cap and is placed in belly-to-belly contact between mother's naked breasts with legs flexed and held in a cloth that supports the baby's whole body up to just under his/her ears and which is tied around the mother's chest). This position provides:</p> <ul style="list-style-type: none"> • Belly-to-belly contact. • Warmth. • Stabilisation of breathing and heartbeat. • Closeness to the breast. • Mother's smell, touch, warmth, voice, and taste of the breastmilk help to stimulate the baby to establish successful breastfeeding. • Breastfeeding (early and exclusive breastfeeding by direct expression or expressed breastmilk given by cup). • Mother and baby are rarely separated.
<p>Twins</p> 	<p>Local belief: A mother of twins does not have enough breastmilk to feed both babies.</p> <p>What we know:</p> <ul style="list-style-type: none"> • A mother can exclusively breastfeed both babies. • The more a baby suckles and removes milk from the breast, the more milk the mother produces. • Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well-attached. • The twins need to start breastfeeding as soon as possible after birth. If they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies. • Explain different positions—cross-cradle, one under arm, one across, feed one-by-one, etc. Help mother to find what suits her.
<p>Refusal to breastfeed</p> 	<p>Usually, refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breastmilk (more salty, bitter, sour, etc.).</p> <ul style="list-style-type: none"> • Check baby for signs of illness that may interfere with feeding, including signs of thrush in the mouth. • Refer baby for treatment if ill. • Let the baby have plenty of belly-to-belly contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first—cuddle in any position and gradually, over a period of days, bring nearer to the breast.

Common situation	What to do
	<ul style="list-style-type: none"> • Let mother/baby try different breastfeeding positions. • Wait for the baby to be wide awake and hungry (but not crying) before offering the breast. • Gently touch the baby's bottom lip with the nipple until s/he opens his/her mouth wide. • Do not force the baby to breastfeed and do not try to force mouth open or pull the baby's chin down—this makes the baby refuse more. • Do not hold the baby's head. • Express and feed the baby by cup until baby is willing to suckle. • Express directly into the baby's mouth. • Avoid giving the baby bottles with teats or dummies.
<p>New pregnancy</p> 	<p>Local belief: A woman must stop breastfeeding her older child as soon as she learns she is pregnant.</p> <p>What we know:</p> <ul style="list-style-type: none"> • Continue to breastfeed for at least two years or more. • A pregnant woman can safely breastfeed her older child, but should eat very well herself to protect her own health (she will be eating for herself, the new baby, and the older child, but she should be careful not to over-eat to avoid unnecessary excess weight). • Because she is pregnant, her breastmilk will now contain small amounts of colostrum, which may cause the older child to experience diarrhoea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhoea. • Sometimes the mother's nipples feel tender if she is pregnant. However, it is perfectly safe to breastfeed two babies and will not harm either baby, as there will be enough milk for both.
<p>Mother away from baby</p> 	<p>Local belief: A mother who works outside the home or is away from her baby cannot continue to exclusively breastfeed her infant.</p> <p>What we know:</p> <ul style="list-style-type: none"> • If a mother must be separated from her baby, she can express her breastmilk and leave it to be fed to the infant in her absence by other caregivers (e.g., husband, grandmother, etc.). • Help mother to express her breastmilk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed. • Teach caregiver how to store and safely feed expressed breastmilk from a cup. It may be stored safely at room temperature for up to eight hours.

Common situation	What to do
	<ul style="list-style-type: none"> • Mother should allow infant to feed frequently at night and whenever she is at home. • Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently.
<p>Crying baby</p> 	<p>Local belief: Babies cry because they are hungry or thirsty.</p> <ul style="list-style-type: none"> • Help mother to try to figure out the cause of baby's crying and listen to her feelings: <ul style="list-style-type: none"> ○ Discomfort: hot, cold, dirty. ○ Tiredness: too many visitors. ○ Illness or pain: changed pattern of crying. ○ Hunger: not getting enough breastmilk; growth spurt. ○ Mother's foods: can be a certain food; sometimes cow's milk. ○ Mother's drugs. ○ Colic. • If the baby is less than 6 months and is thirsty, the only thing he/she needs is breastmilk
<p>Sick mother</p> 	<p>Local belief: A sick mother cannot breastfeed.</p> <p>What we know:</p> <ul style="list-style-type: none"> • When the mother is suffering from common illnesses, she should continue to breastfeed her baby. (Seek medical attention for serious or long-lasting illness). • The mother needs to rest and drink plenty of fluids to help her recover. • The mother needs support from family members to enable her to breastfeed successfully.
<p>Stress</p> 	<ul style="list-style-type: none"> • Mother's stress does not spoil breastmilk, or result in decreased production. However, milk may not flow well temporarily. • If mother continues to breastfeed, milk flow will start again. • Keep baby in belly-to-belly contact with mother if she will permit. • Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help. • Help her to sit or lie down in a relaxed position and to breastfeed baby. • Show her companion how to give her a massage, such as a back massage, to help her to relax and her milk to flow. • Give her a warm drink, such as tea or warm water, to help relax and assist the let-down reflex.

Common situation	What to do
<p>Thin or malnourished mother</p> 	<p>Local belief: A thin or malnourished mother cannot produce ‘enough breastmilk’.</p> <p>What we know:</p> <ul style="list-style-type: none"> • It is important that a mother be well-fed to protect her own health. • A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently. • More suckling and removal of the breastmilk from the breast leads to production of more breastmilk. • Eating more will not lead to more production of breastmilk. • A mother needs to eat more food for her own health. “Feed the mother and let her breastfeed her baby”. Do not supplement the baby. • Mothers need to take vitamin A within six weeks after delivery, and a daily multivitamin, if available. • If the mother is severely malnourished, refer to health facility.
<p>Sick baby under 6 months</p> 	<p>Local belief: Fluids should be withheld from the sick baby/baby with diarrhoea.</p> <p>What we know:</p> <ul style="list-style-type: none"> • A sick child often does not feel like eating, but needs even more strength to fight the illness. • Breastfeed more frequently during diarrhoea to help the baby fight the sickness and not lose weight. • Breastfeeding also provides comfort to a sick baby. • If the baby is too weak to suckle, express breastmilk to give to the baby (either by cup or by expressing directly into the baby’s mouth). This will help the mother keep up her milk supply and prevent engorgement.

<p>Sick baby over 6 months</p> 	<p>Local belief: Fluids should be withheld from the sick baby/baby with diarrhoea.</p> <p>What we know:</p> <ul style="list-style-type: none"> • Increase breastfeeding during diarrhoea, and continue to offer favourite foods in small quantities. • During recovery, offer more foods than usual (an additional meal of solid food each day) during recuperation (for the next two weeks) to replenish the energy and nutrients lost during illness. • Offer the young child simple foods like porridge, even if s/he does not express interest in eating. • Avoid spicy or fatty foods. • Breastfeed more frequently during two weeks after recovery. • Animal milks and other fluids may increase diarrhoea (the origin of the belief that milk brings about diarrhoea). However, this is not true of breastmilk. Stop giving other milks or fluids, even water (except ORS if child is severely dehydrated).
<p>Inverted nipple</p> 	<p>What we know:</p> <ul style="list-style-type: none"> • Antenatal treatment is not helpful (e.g., stretching the nipples). • Most nipples improve around the time of delivery without any treatment. • The baby suckles from the breast and not the nipple. • Let the baby have plenty of belly-to-belly contact. • If the baby does not attach well by himself, help his mother to position him so that he can attach better. • If the baby cannot suckle effectively in the first week or two, help his mother to try to express milk and feed it to her baby by cup.
<p>Eating during pregnancy</p> 	<p>Local belief: A pregnant woman should avoid certain foods that are believed to adversely affect her baby (e.g., eggs, snails, okro, grass-cutter meat, etc.).</p> <p>What we know:</p> <ul style="list-style-type: none"> • Even though there are many food taboos, no foods are forbidden. • During pregnancy, the body needs extra food each day—eat one extra small meal or “snack” each day. • Drink whenever thirsty, but avoid taking tea or coffee with meals. • The pregnant woman should avoid alcoholic drinks, coffee, tea, cola drinks, kola nuts, and smoking.
<p>Eating during breastfeeding</p>	<p>Local belief: A pregnant woman should avoid certain foods that are believed to adversely affect her baby (e.g., eggs, snails, okro, grass-</p>



cutter meat, etc.).

What we know:

- Even though there are many food taboos, no foods are forbidden.
- During breastfeeding, the body needs extra food each day. The breastfeeding woman needs to eat two extra small meals or “snacks” each day.
- No one special food or diet is required to provide adequate quantity or quality of breastmilk.
- Breastmilk production is not affected by maternal diet.
- Mothers should be encouraged to eat more food to maintain their own health.
- Some cultures claim that certain drinks help to ‘make milk;’ these drinks may have a relaxing effect on the mother, but some of them can be harmful (such as potash pap [Kunu kanwa] or palm wine).
- During breastfeeding, the mother should limit alcohol consumption and avoid smoking.

Participant Materials 4.1: Counselling Skills

Listening and learning skills

1. Use helpful, non-verbal communication:
 - Keep your head level with mother/father/caregiver.
 - Pay attention (eye contact).
 - Remove barriers (tables and notes).
 - Take time.
 - Appropriate touch.
2. Ask questions that allow mother/father/caregiver to give detailed information.
3. Use responses and gestures that show interest.
4. Listen to mother's/father's/caregiver's concerns.
5. Reflect back what the mother/father/caregiver says.
6. Avoid using judging words.



Source: World Health Organization (WHO)/UNICEF. Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF: 2006.

Participant Materials 5.1: Importance of Breastfeeding for Infant/Young Child, Mother, Family, Community/Nation

Importance of breastfeeding for the infant/young child

Breastmilk:

- Saves infants' lives.
- Perfectly meets the needs of human infants.
- Is a complete food for the infant, and provides all babies' nutrients needed for the first six months.
- Promotes adequate growth and development, thus helping to prevent stunting.
- Is always clean.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well-absorbed.
- Contains enough water for the baby's needs.
- Helps jaw and teeth development; suckling develops facial and jaw structure.
- Provides frequent belly-to-belly contact between mother and infant, which leads to bonding, better psychomotor, affective, and social development of the infant.
- Benefits the infant with the provision of colostrum, which protects him/her from diseases. (Colostrum is the yellow or golden [first] milk the baby receives in his or her first few days of life. It has high concentrations of nutrients and protects against illness. Colostrum is small in quantity, and acts as a laxative, cleaning the infant's stomach).
- Provides long-term benefits, including the reduced risk of obesity and diabetes.

Importance of breastfeeding for the mother

- Breastfeeding is more than 98% effective as a contraceptive method during the first six months if the mother is exclusively breastfeeding, day and night, and if her menses/period has not returned.
- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Breastfeeding reduces the risk of bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastfeeding reduces the mother's workload (no time is involved in going to buy the formula, boiling water, gathering fuel, or preparing formula).
- Breastmilk is available at anytime and anywhere, is always clean, nutritious, and at the

right temperature.

- Breastfeeding is economical: formula costs a lot of money, and the non-breastfed baby or mixed-fed baby is sick much more often, which involves costs for health care.
- Breastfeeding stimulates a close bond between mother and baby.
- Breastfeeding reduces risks of breast and ovarian cancer.



Importance of breastfeeding for the family

- Mothers and their children are healthier.
- No medical expenses due to sickness that other milks may cause.
- There are no expenses involved in buying other milks, firewood, or other fuel to boil water, milk, or utensils.
- Births are spaced if the mother is exclusively breastfeeding in the first six months, day and night, and if her menses/period has not returned.
- Time is saved because there is less time involved in purchasing and preparing other milks, collecting water and firewood, and there are fewer illness-required trips for medical treatment.

Note: Families need to support mother by helping her with baby and other household chores.

Importance of breastfeeding for the community/nation

- Healthy babies make a healthy and productive nation.
- Savings are made in health care delivery because the number of childhood illnesses is reduced, leading to decreased expenses.
- Improves child survival because breastfeeding reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk, and utensils, and there is no waste from tins and cartons of breastmilk substitutes). Breastmilk is a natural, renewable resource.
- Not importing milks and utensils necessary for the preparation of these milks saves money that may be used for something else.

Risks of commercial infant formula feeding (commercial infant formula-fed babies)



Note: The younger the infant is, the greater these risks.



- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first six months).
- Formula has no antibodies to protect against illness; the mother's body makes breastmilk with antibodies that protect from the specific illnesses in the mother/child environment.
- Do not receive their "first immunization" from the colostrums.
- Struggle to digest formula: it is not at all the perfect food for babies.
- Frequent diarrhoea, falls ill more often and more seriously (mixed-fed infants less than six months who receive contaminated water, formula, and foods are at higher risk).
- Frequent respiratory infections.
- Greater risk of undernutrition, especially for younger infants and when family may not be able to afford enough formula.
- Under-development: retarded growth, underweight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia.
- Poorer bonding between mother and infant makes infant feel less secure.
- Lower scores on intelligence tests and more difficulty learning at school.
- More likely to be overweight.
- Greater risk of heart disease, diabetes, cancer, asthma, and dental decay later in life.
- Nipple confusion, leading to poor attachment and damage to the mother's nipple.


Risks of mixed feeding (mixed-fed babies in the first six months)


- Have a higher risk of death.
- Are ill more often and more seriously, especially with diarrhoea. This is due to contaminated milk and water.
- More likely to get malnourished. Porridge is usually not enriched and has little nutritional value, formula is often over-diluted, and both displace the more nutritious breastmilk.
- Get less breastmilk because they suckle less and then the mother makes less milk.
- Suffer damage to their fragile guts from even a small amount of anything other than breastmilk.
- If mothers are HIV-infected, babies are much more likely to become infected than exclusively breastfed ones, because their guts are damaged by the other liquids and foods and thus allow the HIV virus to enter more easily.

Participant Materials 5.2: Recommended Breastfeeding Practices and Possible Counselling Discussion Points

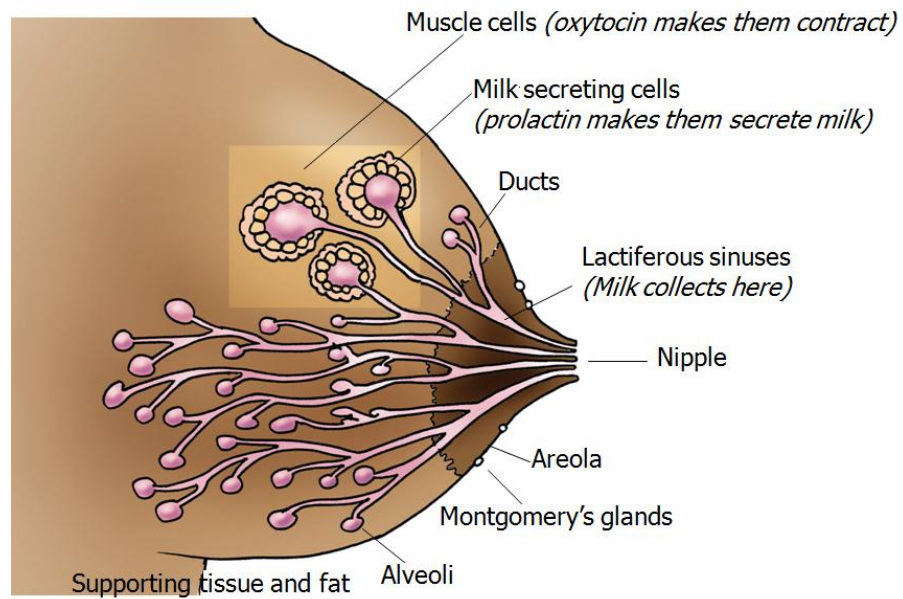
Recommended breastfeeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
<p>Place infant belly-to-belly with mother immediately after birth</p> 	<p>Use <i>Counselling Card 2: Importance of early initiation of breastfeeding.</i></p> <ul style="list-style-type: none"> Belly-to-belly with mother keeps newborn warm and helps stimulate bonding or closeness, and brain development. Belly-to-belly helps the “let down” of the colostrum/milk. There may be no visible milk in the first hours. For some women, it even takes a day or two to experience the “let down.” It is important to continue putting the baby to the breast to stimulate milk production and “let down.” Colostrum is the first thick, yellowish milk that protects baby from illness.
<p>Initiate breastfeeding within the first half-hour of birth</p> 	<p>Use <i>Counselling Card 2: Importance of early initiation of breastfeeding.</i></p> <p>Use <i>Take-Home Brochure: How to Breastfeed Your Baby.</i></p> <ul style="list-style-type: none"> Make sure baby is well-attached. This first milk is called colostrum. It is yellow and full of antibodies, which help protect your baby. Colostrum provides the first immunisation against many diseases. DO NOT give baby any other fluids other than breastmilk, unless medically indicated.
<p>Breastfeeding in the first few days</p>	<ul style="list-style-type: none"> Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications. In the first few days, the baby may feed only two to three times/day. If the baby is still sleepy on Day 2, the mother may express some colostrum and give it from a cup. DO NOT give baby any other fluids other than breastmilk, unless medically indicated.
<p>Exclusively breastfeed (no other food or drink) from 0 up to 6 months</p>	<p>Use <i>Counselling Card 3: Breastfeeding in the first 6 months.</i></p> <p>Use <i>Counselling Card 4a: Exclusively breastfeed during the first 6 months.</i></p> <p>Use <i>Counselling Card 4b: Dangers of mixed feeding during the first</i></p>

Recommended breastfeeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	<p>6 months.</p> <p>Use <i>Take-Home Brochure: How to Breastfeed Your Baby</i>.</p> <ul style="list-style-type: none"> • Breastmilk is all the infant needs for the first 6 months. • Do not give anything else to the infant before 6 months, not even water. • Breastmilk contains all the water a baby needs, even in a hot climate. • Giving water will fill the infant and cause less suckling; less breastmilk will be produced. • Water and other liquids and foods for an infant less than 6 months can cause diarrhoea.
<p>Breastfeed frequently, day and night</p> 	<p>Use <i>Counselling Card 5: Breastfeed on demand, both day and night</i>. Use <i>Take-Home Brochure: How to Breastfeed Your Baby</i>.</p> <ul style="list-style-type: none"> • After the first few days, most newborns want to breastfeed frequently, 8 to 12 times per day. Frequent breastfeeding helps produce lots of breastmilk. • Once breastfeeding is well-established, breastfeed eight or more times per day and night to continue to produce plenty of breastmilk. If the baby is well-attached, contented, and gaining weight, the number of feeds is not important. • More suckling (with good positioning and attachment) makes more breastmilk.
<p>Breastfeed on demand</p>	<p>Use <i>Counselling Card 5: Breastfeed on demand, both day and night</i>.</p> <ul style="list-style-type: none"> • Crying is a <u>late</u> sign of hunger. • Early signs that baby wants to breastfeed: <ul style="list-style-type: none"> ○ Restlessness. ○ Opening mouth and turning head from side to side. ○ Putting tongue in and out. ○ Sucking on fingers or fists.
<p>Let infant finish one breast and come off by him/herself before switching to the other breast</p>	<p>Use <i>Counselling Card 5: Breastfeed on demand, both day and night</i>.</p> <ul style="list-style-type: none"> • Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk.' • The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger.

Recommended breastfeeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
<p>Good positioning and attachment</p> 	<p>Use <i>Counselling Card 6: There are many breastfeeding positions</i> and <i>Counselling Card 7: Good attachment</i>.</p> <ul style="list-style-type: none"> • Four signs of good positioning: baby's body should be <u>straight</u>, and <u>facing</u> the breast, baby should be <u>close</u> to mother, and mother should <u>support</u> the baby's whole body, not just the neck and shoulders, with her hand and forearm. • Four signs of good attachment: mouth wide open, chin touching breast, more areola showing above than below the nipple, and lower lip turned out.
<p>Continue breastfeeding until 2 years of age or beyond</p>	<p>Use <i>Counselling Card 12: Start complementary feeding at 6 months</i>. Use <i>Counselling Card 13: From 6 up to 9 months</i>. Use <i>Counselling Card 14: From 9 up to 12 months</i>. Use <i>Counselling Card 15: From 12 up to 24 months</i>. Use <i>Counselling Card 16: Food variety</i>.</p> <ul style="list-style-type: none"> • Breastmilk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness.
<p>Continue breastfeeding when infant or mother is ill</p>	<p>Use <i>Counselling Card 18: Feeding the sick baby less than 6 months of age</i>. Use <i>Counselling Card 19: Feeding the sick child more than 6 months</i>.</p> <ul style="list-style-type: none"> • Breastfeed more frequently during child's illness. • The nutrients and immunological protection of breastmilk are important to the infant when mother or infant is ill. • Breastfeeding provides comfort to a sick infant.
<p>Mother needs to eat and drink to satisfy hunger and thirst</p>	<p>Use <i>Counselling Card 1: Nutrition for pregnant and breastfeeding women</i>. Use <i>Take-Home Brochure: Nutrition During Pregnancy and Breastfeeding</i>.</p> <ul style="list-style-type: none"> • No one special food or diet is required to provide adequate quantity or quality of breastmilk. • Breastmilk production is not affected by maternal diet.

Recommended breastfeeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	<ul style="list-style-type: none"> • No foods are forbidden. • Mothers should be encouraged to eat more food to maintain their own health.
<p>Avoid feeding bottles</p> 	<p>Use <i>Counselling Card 11: Good hygiene practices.</i></p> <p>Use <i>Counselling Card 12: Start complementary feeding at 6 months.</i></p> <p>Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months.</i></p> <p>Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months.</i></p> <p>Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months.</i></p> <p>Use <i>Counselling Card 16: Food variety.</i></p> <ul style="list-style-type: none"> • Foods or liquids should be given by cup to reduce nipple confusion and the possible introduction of contaminants.

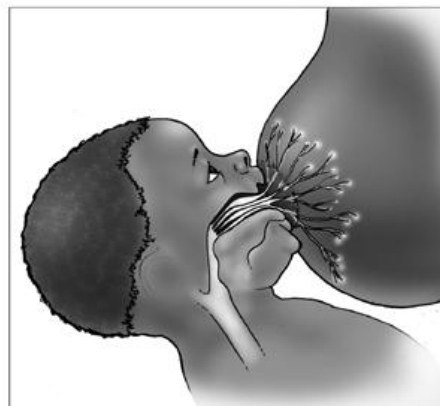
Participant Materials 6.1: Anatomy of the Human Breast



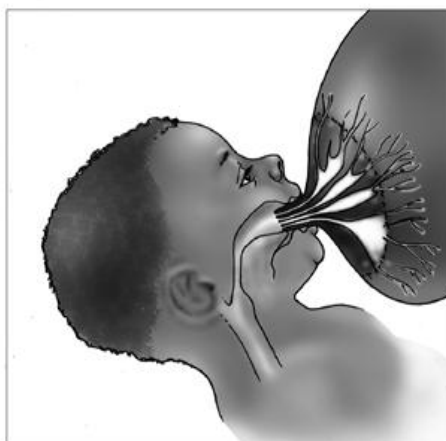
Adapted from World Health Organization (WHO)/UNICEF. Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF: 2006.

Participant Materials 6.2: Good and Poor Attachment

Good attachment



Poor attachment



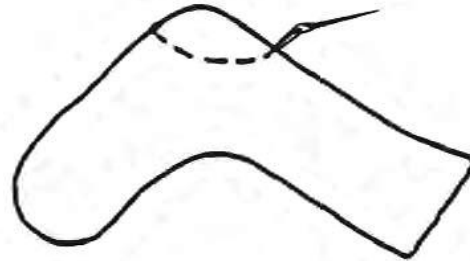
World Health Organization (WHO)/UNICEF. Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF: 2006.

Participant Materials 6.3: Instructions for Making Cloth Breast Models

Use two socks: one sock in a brown or other colour resembling skin to show the outside of the breast, and the other sock white to show the inside of the breast.

Skin-colour sock

Around the heel of the sock, sew a circular running stitch (purse-string suture) with a diameter of 4cm. Draw it together to 1½cm diameter and stuff it with paper or other substance to make a 'nipple.' Sew a few stitches at the base of the nipple to keep the paper in place. Use a felt-tip pen to draw an areola around the nipple.



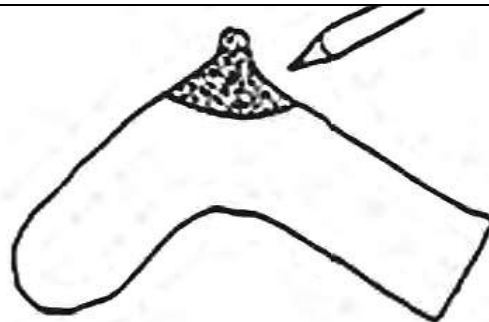
White sock

On the heel area of the sock, use a felt-tip pen to draw a simple structure of the breast: alveoli, ducts, and nipple pores.



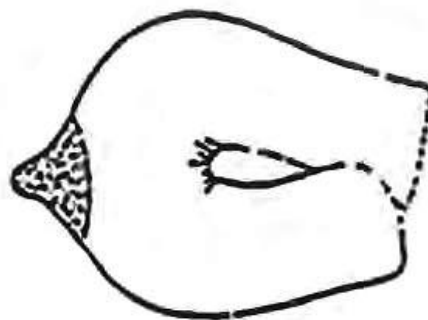
Putting the two socks together

Stuff the heel of the white sock with anything soft. Hold the two ends of the sock together at the back and form the heel to the size and shape of a breast. Various shapes of breasts can be shown. Pull the skin-coloured sock over the formed breast so that the nipple is over the pores.







Making two breasts

If two breasts are made, they can be worn over clothing to demonstrate attachment and positioning. Hold them in place with something tied around the chest. The correct position of the fingers for hand expression can also be demonstrated.



Participant Materials 7.1: Recommended Complementary Feeding Practices


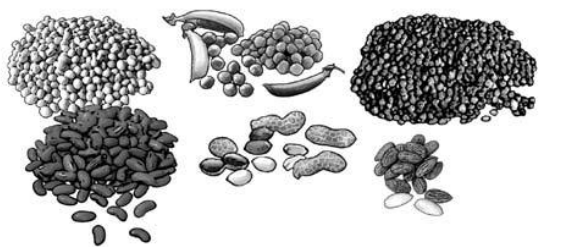



Age	Recommendations			
	Frequency (per day)	Amount of food an average child will usually eat at each meal (in addition to breastmilk)	Texture (thickness/ consistency)	Variety
Start complementary foods when baby reaches 6 months 	Two to three meals, plus frequent breastfeeds	Start with two to three tablespoons Start with 'tastes' and gradually increase amount	Thick porridge/pap	Breastmilk (Breastfeed as often as the child wants) PLUS Animal foods (local examples) PLUS Staples (porridge, other local examples) PLUS Legumes (local examples) PLUS Fruits/ Vegetables (local examples)
From 6 up to 9 months 	Two to three meals, plus frequent breastfeeds One to two snacks may be offered	Two to three tablespoonfuls per feed Increase gradually to half (½) of a 250-ml cup/bowl	Thick porridge/pap Mashed/ pureed family foods	
From 9 up to 12 months 	Three to four meals, plus breastfeeds One to two snacks may be offered	Half (½) of a 250-ml cup/bowl	Finely chopped family foods Finger foods Sliced foods	
From 12 up to 24 months 	Three to four meals plus breastfeeds One to two snacks may be offered	Three-quarters (¾) to one 250-ml cup/bowl	Sliced foods Family foods	

Age	Recommendations			
Note: If child is less than 24 months and not breastfed	Add one to two extra meals One to two snacks may be offered	Same as above according to age group	Same as above according to age group	Same as above; in addition to one to two cups of milk per day PLUS Two to three cups of extra fluid, especially in hot climates
Active/ Responsive Feeding (alert and responsive to your baby's signs that she or he is ready to eat; actively encourage, but do not force your baby to eat)	<ul style="list-style-type: none"> • Be patient and actively encourage your baby to eat more food. • If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else's lap. • Offer new foods several times; children may not like (or accept) new foods in the first few tries. • Feeding times are periods of learning and love. Interact and minimise distraction during feeding. • Do not force-feed. • Help your older child eat. 			
Hygiene	<ul style="list-style-type: none"> • Feed your baby using a clean cup/bowl and spoon; never use a bottle, as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. • Wash your child's hands and face with soap before he or she eats. <p>Some ways to discuss a sensitive issue like hygiene:</p> <ul style="list-style-type: none"> • Find something to praise. • Use <i>Counselling Card 11</i> to introduce 'what we all should do' within our homes (environmental hygiene) or for personal hygiene. Participants should add other ideas (cut grass, etc.). • Use an action-oriented group/story (Session 13). 			


Adapted from World Health Organization (WHO)/UNICEF. Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF: 2006.



Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 to 1 Kcal/g; use iodised salt in preparing family foods.

Participant Materials 7.2: Different Types of Locally Available Foods



<p>Staples: Grains such as maize, wheat, rice, millet, sorghum, roots, and tubers such as cassava and potatoes.</p>	
<p>Legumes such as beans, lentils, peas, groundnuts, and seeds such as sesame/benniseed.</p>	
<p>Vitamin A-rich fruits and vegetables such as mango, pawpaw, passion fruit, oranges, dark-green leaves, carrots, orange-flesh sweet potato, and pumpkin; and other fruits and vegetables such as banana, pineapple, avocado, watermelon, tomatoes, eggplant, and cabbage.</p> <p>NOTE: Include locally used wild fruits and other plants.</p>	
<p>Animal-source foods, including flesh foods such as meat, chicken, fish, liver, and eggs, milk, and milk products.</p> <p>Note: Animal foods should be started at 6 months.</p>	
<p>Oil and fat such as cooking oil, seeds, margarine, and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).</p>	

Participant Materials 7.3: Recommended Complementary Feeding Practices and Possible Counselling Discussion Points

Recommended complementary feeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
<p>After baby reaches 6 months of age, add complementary foods (such as thick porridge two to three times a day) to breastfeeds.</p>	<p>Use <i>Counselling Card 11: Good hygiene practices</i>. Use <i>Counselling Card 12: Start complementary feeding at 6 months</i>. Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months</i>.</p> <ul style="list-style-type: none"> • Give local examples of first types of complementary foods. • When possible, use milk instead of water to cook the porridge. Breastmilk can be used to moisten the porridge.
<p>As baby grows older, increase feeding frequency, amount, texture, and variety.</p>	<p>Use <i>Counselling Card 11: Good hygiene practices</i>. Use <i>Counselling Card 12: Start complementary feeding at 6 months</i>. Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months</i>. Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months</i>. Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months</i>. Use <i>Counselling Card 16: Food variety</i>.</p> <ul style="list-style-type: none"> • Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods, especially animal-source foods.
<p>Complementary feeding from 6 up to 9 months; breastfeed plus give two to three meals and one to two snacks per day.</p> 	<p>Use <i>Counselling Card 11: Good hygiene practices</i>. Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months</i>. Use <i>Counselling Card 16: Food variety</i>. Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months</i>.</p> <ul style="list-style-type: none"> • Start with two to three tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods). • At 6 months, these foods are more like 'tastes' than actual servings. • Make the porridge with milk—especially breastmilk; and pounded groundnut paste (a small amount of oil may also be added). • Increase gradually to half (½) cup (250-ml cup). Show amount in cup brought by mother. • Any food can be given to children after 6 months as long as it is mashed/chopped. Children do not need teeth to consume foods such as eggs, meat, and green, leafy vegetables.

Recommended complementary feeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
<p>Complementary feeding from 9 up to 12 months; breastfeed plus give three to four meals and one to two snacks per day.</p> 	<p>Use <i>Counselling Card 11: Good hygiene practices.</i> Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months.</i> Use <i>Counselling Card 16: Food variety.</i> Use <i>Counselling Card 23: Kitchen gardens and fruit trees.</i> Use <i>Counselling Card 24: Small animal breeding.</i> Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months.</i></p> <ul style="list-style-type: none"> • Give finely chopped, mashed foods, and finger foods. • Increase gradually to ½ cup (250-ml cup). Show amount in cup brought by mother. • Animal-source foods are very important and can be given to young children: cook well and cut into very small pieces.
<p>Complementary feeding from 12 up to 24 months; give three to four meals and one to two snacks per day, with continued breastfeeding.</p> 	<p>Use <i>Counselling Card 11: Good hygiene practices.</i> Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months.</i> Use <i>Counselling Card 16: Food variety.</i> Use <i>Counselling Card 23: Kitchen gardens and fruit trees.</i> Use <i>Counselling Card 24: Small animal breeding.</i> Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months.</i></p> <ul style="list-style-type: none"> • Give family foods. • Give three-quarter (¾) to one cup (250-ml cup/bowl). Show amount in cup brought by mother. • Foods given to the child must be prepared and stored in hygienic conditions to avoid diarrhoea and illness. • Food stored at room temperature should be used within two hours of preparation.
<p>Give baby two to three different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving.</p>	<p>Use <i>Counselling Card 12: Start complementary feeding at 6 months.</i> Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months.</i> Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months.</i> Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months.</i> Use <i>Counselling Card 16: Food variety.</i> Use <i>Counselling Card 23: Kitchen gardens and fruit trees.</i> Use <i>Counselling Card 24: Small animal breeding.</i> Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months.</i></p>

Recommended complementary feeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	<p>Try to feed different food groups at each serving to create a 4-star diet. A 4-star diet is created by including foods from the following categories:</p> <ul style="list-style-type: none"> • Animal-source foods (meat, chicken, fish, liver, crayfish, snails, and periwinkles), and eggs, milk, and milk products. (1 star). • Staples (maize, wheat, rice, millet, and sorghum); roots and tubers (yam, cassava, and potatoes) (1 star). • Legumes (beans, lentils, peas, and groundnuts) and seeds (sesame) (1 star). • Vitamin A-rich fruits and vegetables (mango, pawpaw, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato, and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant, and cabbage) (1 star). • Add a small amount of fat or oil to give extra energy (additional oil will not be required if fried foods are given, or if baby seems healthy/fat). • Foods may be added in a different order to create a 4-star food/diet. • Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop fine. • Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, pawpaw, banana, avocado, other fruits and vegetables, boiled potato, sweet potato, and bread products can be offered once or twice per day. • Use iodised salt. • Avoid giving sugary drinks. • Avoid sweet biscuits.
Continue breastfeeding until 2 years of age or older.	<p>Use <i>Counselling Card 12: Start complementary feeding at 6 months.</i> Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months.</i> Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months.</i> Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months.</i> Use <i>Counselling Card 16: Food variety.</i> Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months.</i></p> <ul style="list-style-type: none"> • During the first and second years, breastmilk is an important source of nutrients for your baby.

Recommended complementary feeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	<ul style="list-style-type: none"> Breastfeed on demand, before meals, between meal intervals, and after meals; do not reduce the number of breastfeeds.
<p>Be patient and actively encourage baby to eat all his/her food.</p> 	<p>Use <i>Counselling Card 12: Start complementary feeding at 6 months.</i> Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months.</i> Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months.</i> Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months.</i> Use <i>Counselling Card 16: Food variety.</i> Use <i>Take-Home Brochure: How to Feed a Baby after 6 Months.</i></p> <ul style="list-style-type: none"> At first, baby may need time to get used to eating foods other than breastmilk. Use a separate plate to feed the child to make sure he or she eats all the food given. See <i>Participant Materials 7.4: Active/Responsive Feeding for Young Children.</i>
<p>Wash hands with soap or ash and water before preparing food, eating, and feeding young children. Wash baby's hands and face before eating.</p> 	<p>Use <i>Counselling Card 11: Good hygiene practices.</i></p> <ul style="list-style-type: none"> Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses. Wash your hands with soap or ash and water after using the toilet and washing or cleaning baby's bottom.
<p>Feed baby using a clean cup and spoon.</p>	<p>Use <i>Counselling Card 12: Start complementary feeding at 6 months.</i> Use <i>Counselling Card 13: Complementary feeding from 6 up to 9 months.</i> Use <i>Counselling Card 14: Complementary feeding from 9 up to 12 months.</i> Use <i>Counselling Card 15: Complementary feeding from 12 up to 24 months.</i></p> <ul style="list-style-type: none"> Cups are easy to keep clean.

Recommended complementary feeding practice	Possible counselling discussion points Note: Choose two to three most relevant to mother's situation and/or ADD other discussion points from knowledge of area
Encourage the child to breastfeed more, continue eating during illness, and provide extra food after illness.	<p>Use <i>Counselling Card 19: Feeding the sick child more than 6 months</i>.</p> <ul style="list-style-type: none"> • Fluid and food requirements are higher during illness. • It is easier for a sick child to eat small frequent meals. Feed the child foods he or she likes in small quantities throughout the day. • Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. • Take advantage of the period after illness when appetite is back to make sure the child makes up for loss of appetite during sickness.

Participant Materials 7.4: Active/Responsive Feeding for Young Children

Definition: Active/responsive feeding is being alert and responsive to your baby's signs that she or he is ready to eat; actively encourage, but do not force your baby to eat.

Importance of active feeding: When feeding him/herself, a child may not eat enough. He or she is easily distracted. Therefore, the young child needs help. When a child does not eat enough, he or she will become malnourished.


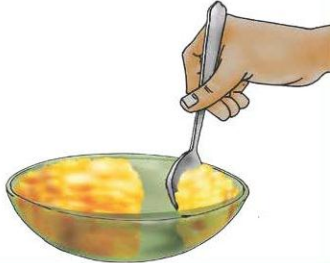
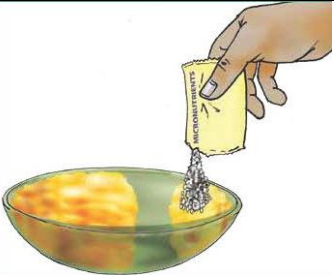




- Let the child eat from his/her own plate (caregiver then knows how much the child is eating).
- Sit down with the child, be patient, and actively encourage him/her to eat.
- Offer food the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure most of the food goes into his/her mouth.
- Mother/father/caregiver can use her/his fingers (after washing) to feed the child.
- Feed the child as soon as he or she starts to show early signs of hunger.
- If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding.
- Engage the child in “play,” trying to make the eating session a happy and learning experience—i.e., not just an eating experience.
- The child should eat in his/her usual setting.
- As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her psycho-affective development.
- Help older child eat.
- Do not insist if the child does not want to eat. Do not force-feed.
- If the child refuses to eat, wait or put it off until later.
- Do not give the child too much to drink before or during meals.
- Congratulate the child when he or she eats.



Parents, family members (older children), and child caregivers can participate in active/responsive feeding.

Participant Materials 7.5: How to Add Micronutrient Powders (MNP) to Complementary Foods

	<ol style="list-style-type: none"> 1. Wash hands with soap. 2. Prepare any soft, semi-solid, mushy-like food, such as thick porridge or mashed potato. <ul style="list-style-type: none"> • Make sure that the food is at ready-to-eat temperature. • Do NOT add to hot food: if the food is hot, the heat will melt the lipid coating of the iron instantly and change the taste and colour of the food. • Do NOT add to any liquids (including water, tea, and watery porridge): in hot liquids, the iron will dissolve instantly and change the colour and taste of the food. In cold liquids, it lumps and does not mix (floats on top); only eventually does it dissolve and change colour.
	<ol style="list-style-type: none"> 3. Separate a small portion of food, which the child will be able to finish in a single setting, within the child's bowl, or place in a separate bowl.
	<ol style="list-style-type: none"> 4. Pour the entire contents of the one sachet of MNP into the small portion of food to make sure that the child eats all the valuable micronutrients in the first few spoonfuls. <ul style="list-style-type: none"> • Shake the sachet to ensure the powder is not clumped. • Tear open the sachet. • Do NOT add to hot food: if the food is hot, your child will not be able to eat it quickly enough. If the food stands for a long time, the iron will change the colour and taste of the food, and your child might refuse to eat it. • Do NOT add to liquids (including water, tea, and watery porridge): the iron will dissolve instantly and change the colour and taste of the food.
	<ol style="list-style-type: none"> 5. Mix sachet contents and the small portion of food well.

	<p>6. Give the child the small portion of food mixed with MNP to finish, and then feed the child the rest of the food.</p> <ul style="list-style-type: none"> • Give no more than one full sachet per day. • Use MNP sachet at any meal. • Food to which MNP is added should be eaten within 30 minutes (as the iron in the MNP will cause the food to darken). • If the child does not finish the food in which the MNP has been mixed, do not reheat the food later as the food may change in colour or taste. • Do not share the food to which MNP is added with other household members (the amount of minerals/vitamins in a single sachet is just the right amount for one child age 6 up to 60 months).
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Participant Materials 9.1: Infant and Young Child Feeding Assessment of Mother/Child Pair

	Name of mother/ caregiver	Name of child	Age of child (completed months)		Number of older children	
Observation of mother/caregiver						
Child illness	Child ill		Child not ill		Child recovering	
Growth curve increasing	Yes		No		Levelling off/Static	
Tell me about breastfeeding	Yes	No	When did breast-feeding stop?	Frequency: Times/day	Difficulties: How is breastfeeding going?	
Complementary foods	Is your child getting anything else to eat?	What else is he/she eating?	Frequency: Times/day	Amount: How much? (Ref. 250ml)	Texture: How thick?	
	Staple (porridge, other local examples)					
	Legumes (beans, other local examples)					
	Vegetables/Fruits (local examples)					
	Animal: Meat/fish/offal/bird/eggs					
Liquids	Is your child getting anything else to drink?	What else is he/she drinking?	Frequency: Times/day	Amount: How much? (Ref. 250ml)	Bottle use? Yes/No	
	Other milks					
	Other liquids					
Other challenges?						
Mother/caregiver assists child	Who assists the child when eating?					
Hygiene	Feeds baby using a clean cup and spoon		Washes hands with clean, safe water and soap/ash before preparing food, before eating, and before feeding young children		Washes child's hands with clean, safe water and soap before he or she eats	

Participant Materials 9.2: Observation Checklist for Infant and Young Child Feeding Assessment of Mother/Child Pair

Name of counsellor: _____

Name of observer: _____

Date of visit: _____

(✓ for Yes and × for No)

Did the counsellor

Use listening and learning skills:

- ☐ Keep head level with mother/parent/caregiver?
- ☐ Pay attention (eye contact)?
- ☐ Remove barriers (tables and notes)?
- ☐ Take time?
- ☐ Use appropriate touch?
- ☐ Ask open questions?
- ☐ Use responses and gestures that show interest?
- ☐ Reflect back what the mother said?
- ☐ Avoid using judging words?
- ☐ Allow mother/parent/caregiver time to talk?

Use building confidence and giving support skills:

- ☐ Accept what a mother thinks and feels?
- ☐ Listen to the mother/caregiver's concerns?
- ☐ Recognise and praise what a mother and baby are doing correctly?
- ☐ Give practical help?
- ☐ Give a little, relevant information?
- ☐ Use simple language?
- ☐ Make one or two suggestions, not commands?

ASSESSMENT

(✓ for Yes and × for No)

Did the counsellor

- ☐ Assess age accurately?
- ☐ Check mother's understanding of child growth curve (if GMP exists in area)?
- ☐ Check on recent child illness?

Breastfeeding:

- ☐ Assess the current breastfeeding status?
- ☐ Check for breastfeeding difficulties?
- ☐ Observe a breastfeed?

Fluids:

- ☐ Assess 'other fluid' intake?

Foods:

- ☐ Assess 'other food' intake?

Active feeding:

- ☐ Ask about whether the child receives assistance when eating?

Hygiene:

- ☐ Check on hygiene related to feeding?

ANALYSIS

(✓ for Yes and × for No)

Did the counsellor

- ☐ Identify any feeding difficulty?
- ☐ Prioritise difficulties? (if there is more than one)

Record prioritised difficulty: _____

ACTION

(✓ for Yes and × for No)

Did the counsellor

- ☐ Praise the mother/caregiver for doing recommended practices?
- ☐ Address breastfeeding difficulties (e.g., poor attachment or poor breastfeeding pattern) with practical help?
- ☐ Discuss age-appropriate feeding recommendations and possible discussion points?
- ☐ Present one or two options (time-bound) that are appropriate to the child's age and feeding behaviours?
- ☐ Help the mother select one or two that she can try to address the feeding challenges?
- ☐ Use appropriate *Counselling Cards* and *Take-Home Brochures* that are most relevant to the child's situation; and discuss that information with mother/caregiver?
- ☐ Ask the mother to repeat the agreed-upon new behaviour?

Record agreed-upon behaviour: _____



- ☐ Ask the mother if she has questions/concerns?
- ☐ Refer as necessary?
- ☐ Suggest where the mother can find additional support?
- ☐ Agree upon a date/time for a follow-up session?
- ☐ Thank the mother for her time?


Participant Materials 9.3: Building Confidence and Giving Support Skills

1. Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information).
2. Recognise and praise what a mother/father/caregiver and baby are doing correctly.
3. Give practical help.
4. Give a little, relevant information.
5. Use simple language.
6. Use appropriate *Counselling Card(s)*.
7. Make one or two suggestions, not commands.



Participant Materials 10.1: Common Breastfeeding Difficulties

Breastfeeding difficulty	Prevention	What to do
<p>Breast engorgement</p>  <p>Photo by Mwate Chintu</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Occurs on both breasts. • Swelling. • Tenderness. • Warmth. • Slight redness. • Pain. • Skin shiny, tight, and nipple flattened and difficult to attach. • Can often occur on third to fifth day after birth (when milk production increases dramatically and suckling is not established). 	<ul style="list-style-type: none"> <input type="checkbox"/> Put baby belly-to-belly with mother. <input type="checkbox"/> Start breastfeeding within an hour of birth. <input type="checkbox"/> Good attachment. <input type="checkbox"/> Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 to 12 times per 24 hours. <p>Note: On the first day or two, baby may only feed two to three times.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Improve attachment. <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Gently stroke breasts to help stimulate milk flow. <input type="checkbox"/> Press around areola to reduce swelling, to help baby to attach. <input type="checkbox"/> Offer both breasts. <input type="checkbox"/> Express milk to relieve pressure until baby can suckle. <input type="checkbox"/> Apply warm compresses to help the milk flow before expressing. <input type="checkbox"/> Apply cold compresses to breasts to reduce swelling after expression.
<p>Sore or cracked nipples</p>  <p>Photo by F. Savage King</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain. • Cracks across top of nipple or around base. • Occasional bleeding. 	<ul style="list-style-type: none"> <input type="checkbox"/> Good attachment. <input type="checkbox"/> Do not use feeding bottles (sucking method is different from breastfeeding, so can cause 'nipple confusion'). <input type="checkbox"/> Do not use soap or creams on nipples. 	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding. <input type="checkbox"/> Improve attachment, making certain baby comes onto the breast from underneath and is held close. <input type="checkbox"/> Begin to breastfeed on the side that hurts less. <input type="checkbox"/> Change breastfeeding positions. <input type="checkbox"/> Let baby come off breast by him/herself. <input type="checkbox"/> Apply drops of breastmilk to nipples. <input type="checkbox"/> Do not use soap or cream on nipples. <input type="checkbox"/> Do not wait until the breast is full to

Breastfeeding difficulty	Prevention	What to do
<ul style="list-style-type: none"> • May become infected. 		<p>breastfeed.</p> <ul style="list-style-type: none"> ❑ Do not use bottles.
<p>Plugged ducts and mastitis</p>  <p>Photo by F. Savage King</p> <p>Symptoms of plugged ducts:</p> <ul style="list-style-type: none"> • Lump, tender, localised redness, feels well, no fever. <p>Symptoms of mastitis:</p> <ul style="list-style-type: none"> • Hard swelling. • Severe pain. • Redness in one area. • Generally not feeling well. • Fever. • Sometimes a baby refuses to feed as milk tastes more salty. 	<ul style="list-style-type: none"> ❑ Get support from the family to perform non-infant care chores. ❑ Ensure good attachment. ❑ Breastfeed on demand, and let infant finish/come off breast by him/herself. ❑ Avoid holding the breast in scissors hold. ❑ Avoid tight clothing. 	<ul style="list-style-type: none"> ❑ Do not stop breastfeeding (if milk is not removed, risk of abscess increases; let baby feed as often as he or she will). ❑ Apply warmth (water, hot towel). ❑ Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast. ❑ Ensure good attachment. ❑ For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every two to three hours, day and night. ❑ Rest (mother). ❑ Drink more liquids (mother). ❑ If no improvement in 24 hours, refer. ❑ If mastitis: express if too painful to suckle.

Participant Materials 10.2: “Not Enough” Breastmilk

“Not enough” breastmilk	Prevention	What to do
<p>Perceived by mother</p> <ul style="list-style-type: none"> You “think” you do not have enough milk. Baby restless or unsatisfied. <p>First, decide if the baby is getting enough breastmilk or not (weight, urine, and stool output).</p>	<ul style="list-style-type: none"> Put baby belly-to-belly with mother. Start breastfeeding within an hour of birth. Stay with baby. Ensure good attachment. Encourage frequent demand feeding. Let baby release first breast first. Breastfeed exclusively, day and night. Avoid bottles. Encourage use of suitable family planning methods. 	<ul style="list-style-type: none"> Listen to mother’s concerns and why she thinks she does not have enough milk. Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill). Check baby’s weight and urine and stool output (if poor weight-gain, refer). Build mother’s confidence—reassure her that she can produce enough milk. Explain what the difficulty may be—growth spurts (2 to 3 weeks, 6 weeks, and 3 months) or cluster feeds. Explain the importance of removing plenty of breastmilk from the breast. Check and improve attachment. Suggest stopping any supplements for baby—no water, formulas, tea, or liquids. Avoid separation from baby and care of baby by others (express breastmilk when away from baby). Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night. Let the baby come off the breast by him/herself. Ensure mother gets enough to eat and drink. The breasts make as much milk as the baby takes—if he or she takes more, the breasts make more (the breast is like a ‘factory:’ the greater the demand for milk, the greater the supply). Take local drink or food that helps mother to ‘make milk.’ Ensure that the mother and baby are belly-to-belly as much as possible.

<p>Real “not enough” breastmilk</p> <ul style="list-style-type: none"> • Baby is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward. • For infants after day 4 up to 6 weeks: at least six wets and three to four stools/day. 	<p><input type="checkbox"/> Same as above.</p>	<p><input type="checkbox"/> Same as above.</p> <p><input type="checkbox"/> If there is no improvement in weight gain after one week, refer mother and baby to nearest health post.</p>
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Participant Materials 11.1: Sample Summary Sheet for Counselling During Field Visits

ASSESS													ANALYSE	ACT		
Participants' names	Name/Age of child	Illness	Number of older children	Breast-feeding		Difficulties identified for breastfeeding	Complementary Feeding						Difficulties identified for complementary feeding	Difficulties identified/ Priorities determined	Suggested options/ Proposals to mother/ Alternatives	Agreed-upon actions/ Small, doable actions; Time-bound/ Negotiated agreement
				Y/N	Freq.		Freq.	Amt.	Texture	Variety	Active feeding	Hygiene				

Participant Materials 12.1: How to Conduct an Action-Oriented Group Session—Story, Drama, or Visual—Applying the Steps *Observe, Think, Try,* and *Act*

INTRODUCE YOURSELF

OBSERVE

- Tell a story; conduct a drama to introduce a topic or hold a visual so everyone can see it.
- Ask the group participants:
 - ☐ What happened in the story/drama or visual?
 - ☐ What are the characters in the story/drama or visual doing?
 - ☐ How did the character feel about what he or she was doing? Why did he or she do that?

THINK

- Ask the group participants:
 - ☐ Whom do you agree with? Why?
 - ☐ Whom do you disagree with? Why?
 - ☐ What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the messages of today's topic.

TRY

- Ask the group participants:
 - ☐ If you were the mother (or another character), would you be willing to try the new practice?
 - ☐ Would people in this community try this practice in the same situation? Why?

ACT

- Repeat the key messages.
- Ask the group participants:
 - ☐ What would you do in the same situation? Why?
 - ☐ What difficulties might you experience?
 - ☐ How would you be able to overcome them?

Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried out the new practice or encouraged someone to try it and how they managed to overcome any obstacles.

Participant Materials 12.2: Characteristics of an Infant and Young Child Feeding Support Group

A safe environment of respect, attention, trust, sincerity, and empathy.

1. The group allows participants to:
 - Share infant feeding information and personal experience.
 - Mutually support each other through their own experience.
 - Strengthen or modify certain attitudes and practices.
 - Learn from each other.
2. The group enables participants to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment, participants have the knowledge and confidence to decide to strengthen or modify their infant feeding practices.
3. Infant and young child feeding support groups are not LECTURES or CLASSES. All participants play an active role.
4. Support groups focus on the importance of one-to-one communication. In this way, all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.
5. The sitting arrangement allows all participants to have eye-to-eye contact.
6. The group size varies from 3 to 12.
7. The group is facilitated by an experienced facilitator/mother, who listens and guides the discussion.
8. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers, caregivers, and other interested women to attend.
9. The facilitator and the participants decide the length of the meeting and frequency of the meetings (number per month).

Participant Materials 12.3: Observation Checklist for Infant and Young Child Feeding Support Groups

Community:		Place:	
Date:		Time:	
Theme:			
Name of Infant and Young Child Feeding Group Facilitator(s):		Name of Supervisor:	
_____		_____	
_____		_____	
Did:	<input checked="" type="checkbox"/>	Comments	
1. The facilitator(s) introduce themselves to the group?	<input type="checkbox"/>		
2. The facilitator(s) clearly explain the day's theme?	<input type="checkbox"/>		
3. The facilitator(s) ask questions that generate participation?	<input type="checkbox"/>		
4. The facilitator(s) motivate the quiet women/men to participate?	<input type="checkbox"/>		
5. The facilitator(s) apply skills for <i>listening and learning, building confidence and giving support</i> ?	<input type="checkbox"/>		
6. The facilitator(s) adequately manage content?	<input type="checkbox"/>		
7. Mothers/fathers/caregivers share their own experiences?	<input type="checkbox"/>		
8. The participants sit in a circle?	<input type="checkbox"/>		
9. The facilitator(s) invite women/men to attend the next infant and young child feeding support group (place, date, and theme)?	<input type="checkbox"/>		
10. The facilitator(s) thank the women/men for attending the infant and young child feeding support group?	<input type="checkbox"/>		
11. The facilitator(s) ask women to talk to a man, pregnant woman, or breastfeeding mother before the next meeting, share what they have learned, and report back?	<input type="checkbox"/>		
12. Support group attendance form checked?	<input type="checkbox"/>		
Number of women/men attending the infant and young child feeding support group:			
Supervisor/Mentor —Indicate questions and resolved difficulties:			
Supervisor/Mentor —Provide feedback to facilitator(s):			

Participant Materials 12.4: Infant and Young Child Feeding Support Group Attendance

Date: _____ District: _____

Facilitator(s) name(s): _____



Participant Materials 13.1: Actions to Break the Undernutrition Cycle

1. **For the child:** How do we break the cycle so that an undernourished baby can become a well-nourished child?

Prevent growth failure by:

- Encouraging early initiation of breastfeeding.
- Encouraging exclusive breastfeeding from 0 to 6 months.
- Encouraging timely introduction of complementary foods at 6 months with continuation of breastfeeding for at least 2 years or more.
- Feeding different food groups at each serving to create a 4-star diet. A 4-star diet is created by including foods from the following categories:
 - Animal-source foods (meat, chicken, fish, liver, crayfish, snails, and periwinkles), and eggs, milk, and milk products. (1 star).
 - Staples (maize, wheat, rice, millet, and sorghum); roots and tubers (yam, cassava, and potatoes) (1 star).
 - Legumes (beans, lentils, peas, and groundnuts) and seeds (sesame) (1 star).
 - Vitamin A-rich fruits and vegetables (mango, pawpaw, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato, and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant, and cabbage) (1 star).
- Foods may be added in a different order to create a 4-star food/diet.
- Animal-source foods are very important. Start animal-source foods as early and as often as possible. Cook well and chop fine.
- Oil and fat such as oil, seeds, margarine, and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).
- Using iodised salt.
- Feeding the sick child more frequently for two weeks after recovery.



Other 'non-feeding' actions:

- Appropriate hygiene.
 - Attending GMP and immunisation sessions.
 - Use of long-lasting, insecticide-treated bed nets.
 - Deworming.
 - Prevention and treatment of infections.
 - Vitamin-A supplementation.
2. **For the teenage girl:** How do we break the cycle so that an undernourished child can

become a well-nourished teen?

Promote appropriate growth by:

- Increasing the food intake.
- Encouraging different types of locally available foods as described above.
- Delaying first pregnancy until her own growth is completed (usually 20 to 24 years).
- Preventing and seeking early treatment of infections.
- Encouraging parents to give girls and boys equal access to education—undernutrition decreases when girls/women receive more education.
- Encouraging families to delay marriage for young girls; in some settings, it may be more politically acceptable to use the wording ‘delay pregnancy’ than ‘delay marriage.’
- Avoiding processed/fast foods.
- Avoiding intake of coffee/tea with meals.
- Encouraging good hygiene practices.
- Encouraging use of long-lasting, insecticide-treated bed nets.



3. **For adult and pregnant women:** How do we break the cycle so that an undernourished teen can become a well-nourished adult and pregnant woman?

A. Improve women's nutrition and health by:

- Encouraging different types of locally available foods.
- Preventing and seeking early treatment of infections.
- Encouraging good hygiene practices.



B. Encourage family planning by:

- Visiting a family planning centre to discuss which family planning methods are available and most appropriate for their individual situations (*Using a family planning method is important in order to be able to adequately space the births of her children*).

C. Decrease energy expenditure by:

- Delaying the first pregnancy to 20 years of age or more.
- Encouraging couples to use appropriate family planning methods.

D. Encourage men's participation so that they:

- Understand the importance of delaying the first pregnancy until their wives/partners are at least 20 years of age.
- Provide insecticide-treated nets for use by their families and making sure the pregnant wives/partners and children sleep under the net every night.
- Encourage girls and boys equal access to education.

4. For the developing child/foetus—prevent low birthweight: How do we break the cycle so that an undernourished, pregnant, adult woman can give birth to a well-nourished baby?

A. Improve women's nutrition and health during pregnancy by:

- Increasing the food intake of women during pregnancy: eat one extra meal or “snack” (food between meals) each day; during breastfeeding, eat two extra meals or “snacks” each day.
- Encouraging consumption of different types of locally available foods. All foods are safe to eat during pregnancy and while breastfeeding.
- Giving iron/folate supplementation (or other recommended supplements for pregnant women) to the mother as soon as mother knows she is pregnant and continue for at least three months **after** delivery of the child.
- Giving vitamin A to the mother within six weeks after birth.
- Preventing and seeking early treatment of infections:
 - Completing anti-tetanus immunizations for pregnant women (five injections in total).
 - Using of long-lasting, insecticide-treated bed nets.
 - De-worming and giving antimalarial drugs to pregnant women between the fourth and sixth months of pregnancy.
 - Prevention and education on STI and HIV/AIDS transmission.
- Encouraging good hygiene practices.

B. Decrease energy expenditure by:

- Delaying the first pregnancy to 20 years of age or more.
- Encouraging families to help with women's workload, especially during late pregnancy.
- Resting more, especially during late pregnancy.

C. Encourage men's participation so that they:

- Accompany their wives/partners to antenatal care (ANC) and remind them to take their iron/folate tablets.
- Provide extra food for their wives/partners during pregnancy and lactation.
- Help with household chores to reduce wives/partners' workload.
- Encourage their wives/partners to deliver at health facility.



- Make arrangements for safe transportation to facility (if needed) for birth.
- Encourage their wives/partners to put the babies to the breast immediately after birth.
- Encourage their wives/partners to give colostrum, the first thick, yellowish milk, to babies immediately after birth.
- Provide long-lasting, insecticide-treated bed nets for their families and make sure that their pregnant wives/partners and small children sleep under the net every night.

Note: HIV and nutrition

- If a woman is HIV-infected, she needs extra food to give her more energy. HIV puts an additional strain on her body and may reduce her appetite. Eating a variety of foods is important.
- An HIV-infected pregnant woman needs to attend prevention of mother-to-child transmission of HIV (PMTCT) services.

Participant Materials 16.1: Observation Checklist on How to Conduct an Action-Oriented Group—Story, Drama, or Visual—Applying the Steps *Observe*, *Think*, *Try*, and *Act*

Did the counsellor

(✓ *for Yes and* × *for No*)

☐ Introduce him/herself?

Use *Observe*—Ask the group participants:

- ☐ What happened in the story/drama or visual?
- ☐ What are the characters in the story/drama or visual doing?
- ☐ How did the character feel about what he or she was doing? Why did he or she do that?

Use *Think*—Ask the group participants:

- ☐ Whom do you agree with? Why?
- ☐ Whom do you disagree with? Why?
- ☐ What is the advantage of adopting the practice described in the story/drama or visual?
- ☐ Discuss the key messages of today's topic.

Use *Try*—Ask the group participants:

- ☐ If you were the mother (or another character), would you be willing to try the new practice?
- ☐ Would people in this community try this practice in the same situation? Why?

Use *Act*—Ask the group participants:

- ☐ What would you do in the same situation? Why?
- ☐ What difficulties might you experience?
- ☐ How would you be able to overcome them?
- ☐ To repeat the key messages.

Participant Materials 18.1: Checklist—Integration of Infant and Young Child Feeding Support into CMAM Programming

1. Mobilisation and sensitisation:

- ☐ Assess community infant and young child feeding practices: breastfeeding and complementary feeding.
- ☐ Analyse data to reach feasible behaviour and counselling discussion points (or messages).
- ☐ Identify locally available and seasonal foods.
- ☐ Ensure that the community knows who the community workers are.
- ☐ Assess cultural beliefs that influence infant and young child feeding practices.

2. Admission:

- ☐ Encourage mothers to continue breastfeeding.
- ☐ Discuss any breastfeeding difficulty.

3. Weekly or bi-weekly follow-up:

- ☐ Encourage mothers to continue breastfeeding.
- ☐ Discuss any breastfeeding difficulty.
- ☐ Assess age-appropriate feeding: child's age and weight, child's (usual) fluid and food intake, and breastfeeding difficulties the mother perceives.
- ☐ Initiate *infant and young child feeding three-step counselling* on recommended breastfeeding practices when appetite returns and/or at four weeks before discharge.
- ☐ Conduct action-oriented group (story, drama, use of visuals).
- ☐ Facilitate infant and young child feeding support groups.

4. Discharge:

- ☐ Encourage mothers to continue breastfeeding.
- ☐ Support, encourage, and reinforce recommended breastfeeding practices.
- ☐ Work with the mother/caregiver to address any ongoing child feeding problems she anticipates.
- ☐ Support, encourage, and reinforce recommended complementary feeding practices using locally available foods.
- ☐ Encourage monthly growth-monitoring visits.
- ☐ Improve health-seeking behaviours.
- ☐ Encourage mothers to take part in infant and young child feeding support groups.
- ☐ Link mother to community worker.

5. Follow-up at home/community:

- ☐ Conduct ongoing and periodic infant and young child feeding monitoring at home/community/other health facilities (e.g., growth monitoring).
- ☐ Home visits.
- ☐ Mid-upper arm circumference (MUAC) screening sessions.

Contact points to integrate infant and young child feeding into CMAM and other health and nutrition interventions at health facility or via community outreach:

- ☐ Growth monitoring and promotion.
- ☐ Antenatal care at health facility.
- ☐ Stabilisation centres.
- ☐ Supplementary feeding programme.
- ☐ Community follow-up (community worker):
 - Action-oriented group session.
 - Infant and young child feeding support groups.

Contact points for implementing the essential nutrition actions—at health facility or via community outreach:

- ☐ At every contact with a pregnant woman.
- ☐ At delivery.
- ☐ During postpartum and/or family planning sessions.
- ☐ At immunisation sessions.
- ☐ During GMP.
- ☐ At every contact with mothers or caregivers of sick children.



Other contact points:

- ☐ Special consultations for vulnerable children if available, including HIV-exposed and -infected children.
- ☐ Link to social protection programme, if available.

And:

- ☐ Set appointment for the next follow-up visit.

Participant Materials 18.2: Recommended Schedule for Visits from Pregnancy up to 6 Months

When	Discuss
<p>Prenatal visits</p> 	<ul style="list-style-type: none"> • Early initiation of breastfeeding (give colostrum). • Good attachment and positioning. • Breastfeeding in the first few days. • Exclusive breastfeeding from birth up to 6 months (avoid other liquids and food, even water). • Breastfeeding on demand, up to 12 times per day and night. • Mother needs to eat one extra meal and drink a lot of fluids to be healthy. • Attendance at mother-to-mother support group. • How to access community worker if necessary. • Use of long-lasting insecticide nets.
<p>Delivery</p> 	<ul style="list-style-type: none"> • Place baby belly-to-belly with mother. • Good attachment and positioning. • Early initiation of breastfeeding (give colostrum, avoid water and other liquids). • Breastfeeding in the first few days.
Postnatal visits	
<p>Within the first week after birth (two or three days and six or seven days)</p>	<ul style="list-style-type: none"> • Good attachment and positioning. • Breastfeeding in the first few days. • Exclusive breastfeeding from birth up to 6 months. • Breastfeeding on demand, up to 12 times per day and night. • Ensure mother knows how to express her breastmilk. • Preventing breastfeeding difficulties (engorgement, sore and cracked nipples).
<p>1 month</p>	<ul style="list-style-type: none"> • Good attachment and positioning.

<ul style="list-style-type: none"> • Immunisation sessions • GMP 	<ul style="list-style-type: none"> • Exclusive breastfeeding from birth up to 6 months. • Breastfeeding on demand, up to 12 times per day and night.
<p><i>6 weeks</i></p> <ul style="list-style-type: none"> • Family planning sessions • GMP • Sick child clinic • Community follow-up 	<ul style="list-style-type: none"> • Breastfeeding difficulties (plugged ducts, which can lead to mastitis; and not enough breastmilk). • Increase breastmilk supply. • Maintain breastmilk supply. • Continue to breastfeed when infant or mother is ill. • Family planning. • Prompt medical attention.
<p><i>From 5–6 months</i></p> <ul style="list-style-type: none"> • GMP • Sick child clinic • Community follow-up 	<ul style="list-style-type: none"> • Community worker should not try to change positioning if older infant is not having difficulties. • Prepare mother for changes she will need to make when infant reaches 6 months (AT 6 months). • At 6 months, begin to offer foods two to three times a day; gradually introduce different types of foods (staple, legumes, vegetables, fruits, and animal products) and continue breastfeeding.

Participant Materials 19.1: Infant Feeding in Emergencies—Priority Information for Community Workers

1. Recommended infant and young child feeding practices in emergencies (ADDITIONS to global recommendations in bold)

Breastfeeding practices:

- The most effective way of protecting babies from illness, malnutrition, and death is to breastfeed them.
- Breastmilk gives the baby the best and safest food and enough water, and helps to fight illness.
- All newborns should be put to the breast within one hour of birth. This will safeguard the health of both the mother and the infant.
- Babies under 6 months should not be given anything except breastmilk. Giving a baby under 6 months water, breastmilk substitutes (whether infant formula, milk or milk powders, and teas), or solid food under emergency circumstances is dangerous. It can cause diarrhoea and can be fatal.
- Exclusive **breastfeeding guarantees food and fluid security** for infants less than 6 months and provides active immune protection.
- Children over 6 months should continue to breastfeed until at least 2 years.
- Continued breastfeeding to 2 years and beyond contributes to the food and fluid security of the young child; it is especially important in contexts where water, sanitation, and hygiene conditions are poor, and where **breastmilk is likely to be the most nutritious and accessible food available for the young child** in emergency situations.

Complementary feeding practices:

- Appropriate complementary foods should be introduced at 6 months and breastfeeding continued to 2 years and beyond.
 - **The general food ration should contain commodities that are suitable as complementary foods for young children** (e.g., ready-to-use complementary foods and supplementary foods appropriate for children from 6 up to 24 months of age).
 - When possible, add inexpensive, locally available foods (especially animal-source foods).
 - **A micronutrient-fortified, blended food** (e.g., corn soya blend, wheat soya blend) **should be included in the general ration for older infants/young children when a population is dependent on food aid.**
 - **Additional nutrient-rich, ready-to-use foods may be provided in supplementary feeding programmes or in ‘blanket’ feeding programmes to targeted age-groups**, especially those aged from 6 up to 24 months.
 - **Multi-micronutrient powders can be added to the local foods or general food rations** given to children aged 6 months to 5 years and to pregnant and lactating women.
 - The food should be prepared and given to the baby or young child hygienically.

- **Ready-to-use therapeutic food (RUTF) is a type of medicine food** that is used in the treatment of severe acute malnutrition but is **not an infant complementary food**.
2. **Simple measures to meet the needs of mothers, infants, and young children in an emergency:**
- Ensure that mothers have priority access to food, water, shelter, security, and medical care.
 - Register households with children less than 2 years of age.
 - Registration may require outreach to homes, camps for displaced people, or other sites to find emergency-affected populations.
 - Register (within two weeks of delivery) mothers of all newborn infants. This helps to ensure they receive the additional household food rations for lactating mothers and children of complementary feeding age.
 - Divide mothers/caregivers of infants less than 1 year into groups needing different types of help: basic aid/basic support and more skilled help. Using assessment skills, identify infants who require immediate referral for urgent, life-saving support, and those who will receive assessment for infant and young child feeding status.
 - Basic aid: provide general information and support to:
 - Ensure that suckling is effective.
 - Build mother's confidence and help milk flow.
 - Provide information on how to increase milk production.
 - Encourage age-appropriate feeding.
 - Highlight the risks of commercial infant formula feeding, including mixed feeding.
 - Skilled help for low-birthweight infants; babies visibly thin or underweight; babies who refuse the breast; for malnourished mothers who need help with breastfeeding; for mothers who are traumatised or rejecting their infants; and for caregivers of babies without mothers or separated from their mothers. Groups of mothers/caregivers with similar problems may be formed, for example:
 - Mothers who need help to increase their breastmilk production.
 - Mothers no longer breastfeeding who want to re-lactate.
 - Wet nurses to provide feeding for infants with no other source of breastmilk; in many emergency contexts, the benefits to child survival of wet-nursing may outweigh the risks of HIV transmission, and this option should be considered where local assessment shows that wet-nursing is acceptable and government approves.
 - Caregivers who require support to safely commercial infant formula feed (in a separate site).
 - Provide secure and supportive places (designated shelters, baby corners, or mother-baby tents, child-friendly spaces) for mother/caregivers of infants and young children. This offers privacy for breastfeeding mothers (important for a displaced population or that in transit) and enables access to basic infant and young child feeding and peer-to-peer support.

- Integrate breastfeeding support, including individual counselling and help with difficulties, in key services (e.g., antenatal and reproductive health activities, early childhood development and psychosocial services, selective feeding programmes).
- Protect and support the nutritional, physical, and mental health of pregnant and lactating women.
- Include infant and young child feeding in early, rapid assessment.
- Involve experts in analysis to help identify priority areas for support and any need for further assessment.
- Stop donations of breastmilk substitutes and prevent the donations from being distributed to the general population ('spillover' phenomenon).
- Involve local/national breastfeeding advocates.

3. Information to address beliefs that interfere with infant and young child feeding in emergencies

Belief	Explanation
<p>Milk quantity or quality is affected by disasters that cause great stress (earthquake, flood, tsunami, drought, conflict, displacement).</p> <p>Stress will make a mother's milk dry up.</p> <p>Stress will make the milk go bad.</p>	<ul style="list-style-type: none"> • It is not true that stress makes milk dry up or go bad. A hand or shoulder massage can help the mother feel less stressed and will help her breastmilk flow more easily when she breastfeeds. A safe, quiet, and private space with supportive counsellors and peers can also help. • Stressful or traumatic situations can interfere with when or how often a mother feeds her baby. If a mother breastfeeds less frequently, she will produce less breastmilk. • Babies and young children may be disturbed by stressful situations and become difficult to settle down for feeding. However, both mothers and babies will be reassured by more breastfeeding. • More frequent breastfeeds will help the mother make more milk if she is concerned she does not have enough. Keeping the baby close, day and night, will reassure the baby, help the mother breastfeed more, and thus make more milk.
<p>Mothers must have enough or the right kind of food or water to produce good breastmilk.</p>	<ul style="list-style-type: none"> • No special foods are needed to produce good-quality breastmilk. • Many nutrients in breastmilk are not affected by maternal nutritional status (including iron and vitamin D). • Even malnourished mothers can breastfeed. Only the most severely malnourished will face some problems to breastfeed well. • The additional rations distributed to breastfeeding women will be used for the mother's own nutrition while she continues to breastfeed, protecting her baby from diarrhoea. Some nutrients will be deficient in breastmilk (most importantly, B vitamins, vitamin A, and iodine); therefore, maternal supplementation

Belief	Explanation
	will benefit the nursing child as well.
A woman who has been raped cannot breastfeed.	The experience of violence does not spoil breastmilk or the ability to breastfeed. However, all traumatised women need special attention and support. There may be traditional practices that restore a woman's readiness to breastfeed after sexual trauma.
<p>If a mother has been breastfeeding her baby and giving infant formula or other milks, she cannot return to exclusive breastfeeding.</p> <p>If a mother has stopped breastfeeding, she cannot start again.</p>	<ul style="list-style-type: none"> • The mother can return to exclusive breastfeeding. She can increase her milk supply by reducing the amount of formula given to her baby and by breastfeeding more frequently. • The mother can return to breastfeeding. Letting the baby suckle at the breast will start the milk flowing again. It may take a few days to a couple of weeks for there to be enough breastmilk, depending on how long it has been since she stopped.
The most urgent and important need in an emergency is to give formula to babies.	This is not true. The most important action is to protect and support breastfeeding. Formula is not needed except in a small number of cases where the baby has no possibility to be breastfed—like orphaned and unaccompanied children. Formula is very risky for babies in an emergency. The dirty water, bottles, and other utensils cause diarrhoea and malnutrition and the baby might die. The supplies might run out. Breastmilk does not run out, is safe, and is the best food for the baby.



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